

City of Bellevue MONTHLY Medical, Dental & Vision Rates Effective January 1, 2025

Non-Represented Employees				
Plan	Coverage Level	Total Premium	City Contribution	Employee Contribution
Kaiser Medical <i>Available to all employees</i>	Employee Only	\$ 786.15	\$ 786.15	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,624.66	\$ 1,540.81	\$ 83.85
	Employee + Child(ren)	\$ 1,395.97	\$ 1,334.99	\$ 60.98
	Employee + Family	\$ 2,463.17	\$ 2,295.47	\$ 167.70
Premera Choice Medical <i>Available to all employees</i>	Employee Only	\$ 798.43	\$ 798.43	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1,650.05	\$ 1,564.89	\$ 85.16
	Employee + Child(ren)	\$ 1,417.79	\$ 1,355.85	\$ 61.94
	Employee + Family	\$ 2,501.63	\$ 2,331.31	\$ 170.32
Premera Core Medical <i>Available to employees hired by 11-30-18</i>	Employee Only	\$ 912.30	\$ 841.69	\$ 70.61
	Employee + Spouse/Domestic Ptnr	\$ 1,915.84	\$ 1,611.00	\$ 304.84
	Employee + Child(ren)	\$ 1,642.15	\$ 1,429.66	\$ 212.49
	Employee + Family	\$ 2,919.37	\$ 2,420.45	\$ 498.92
Delta Dental	Employee Only	\$ 63.53	\$ 55.91	\$ 7.62
	Employee + Spouse/Domestic Ptnr	\$ 117.84	\$ 98.27	\$ 19.57
	Employee + Child(ren)	\$ 145.04	\$ 119.48	\$ 25.56
	Employee + Family	\$ 199.39	\$ 161.88	\$ 37.51
Willamette Dental	Employee Only	\$ 74.40	\$ 64.96	\$ 9.44
	Employee + Spouse/Domestic Ptnr	\$ 135.45	\$ 112.60	\$ 22.85
	Employee + Child(ren)	\$ 166.95	\$ 137.15	\$ 29.80
	Employee + Family	\$ 221.70	\$ 179.85	\$ 41.85
VSP Exam	Employee Only	\$ 0.72	\$ 0.72	\$ -
	Employee + Spouse/Domestic Ptnr	\$ 1.29	\$ 1.29	\$ -
	Employee + Child(ren)	\$ 1.30	\$ 1.30	\$ -
	Employee + Family	\$ 2.18	\$ 2.18	\$ -
VSP Exam + Hardware	Employee Only	\$ 14.61	\$ 0.72	\$ 13.89
	Employee + Spouse/Domestic Ptnr	\$ 22.90	\$ 1.29	\$ 21.61
	Employee + Child(ren)	\$ 23.37	\$ 1.30	\$ 22.07
	Employee + Family	\$ 37.61	\$ 2.18	\$ 35.43

Deductions are post-tax for non-IRS dependents, domestic partners and partner's child(ren)